

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M T1 T2	1127 947	9-11-01 08/16/01 (211101)
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	C	1	16	1	101
Original	512	2	52	2	102
2	4	3	53	3	103
3		4	54	4	104
4		5	55	5	105
5		6	56	6	106
6		7	57	7	107
7		8	58	8	108
8		9	59	9	109
9		10	60	10	110
10		11	61	11	111
11		12	62	12	112
12		13	63	13	113
13		14	64	14	114
14		15	65	15	115
15		16	66	16	116
16		17	67	17	117
17		18	68	18	118
18		19	69	19	119
19		20	70	20	120
20		21	71	21	121
21		22	72	22	122
22		23	73	23	123
23		24	74	24	124
24		25	75	25	125
25		26	76	26	126
26		27	77	27	127
27		28	78	28	128
28		29	79	29	129
29		30	80	30	130
30		31	81	31	131
31		32	82	32	132
32		33	83	33	133
33		34	84	34	134
34		35	85	35	135
35		36	86	36	136
36		37	87	37	137
37		38	88	38	138
38		39	89	39	139
39		40	90	40	140
40		41	91	41	141
41		42	92	42	142
42		43	93	43	143
43		44	94	44	144
44		45	95	45	145
45		46	96	46	146
46		47	97	47	147
47		48	98	48	148
48		49	99	49	149
49		50	100	50	150

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

RCSPL-5C583  
12/11/01